

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	MM	70597	8/5/00
O.I.P.E. CLASSIFIER		43	8/12/00
FORMALITY REVIEW	MA	830	8-31-00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected
= Allowed
- (Through numeral)... Canceled
+ Restricted
N Non-elected
I Interference
A Appeal
O Objected

Claim	Date
Final Original	
1	V
2	V
3	V
4	V
5	V
6	V
7	N
8	V
9	V
10	V
11	V
12	N
13	V
14	O
15	V
16	V
17	V
18	V
19	V
20	O
21	N
22	N
23	N
24	V
25	V
26	V
27	V
28	V
29	V
30	V
31	V
32	V
33	N
34	V
35	V
36	V
37	V
38	V
39	V
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41	V
42	V
43	V
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45	V
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47	V
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49	V
50	N

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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